PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No.		PC10616ATMC			
First Named Inventor or Application Identifier		David B. MacLean			
Title	Intermittent Administration of a Growth Hormone Secretagogue				
Express Mail Label No. EL 911724		1340US			

(Only for new nonprovisional applications under 37C.F.R. §1 53(b))	Express Ma	il Label No.	EL 911724340	US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application of	contents	ADDRE	ESS TO: Box Pate	t Commissioner for Patents int Application ton, DC 20231	
	····································	6 7			
1. *Fee Transmittal Form (e.g., PTO/SB/17	•		Microfiche Computer Prog	5.	
2. Specification [Total Pages	76		tide and/or Amino Acid Se icable, all necessary)	equence Submission	
(preferred arrangement set forth below)		(1. 04)		20	
 Descriptive title of the Invention Cross References to Related Applicat 	tione	a.	Computer Readab	le Copy	
Statement Regarding Fed sponsored		b.	Paper Copy (ident	ical to computer copy)	
 Reference in Microfiche Appendix 		c. Statement verifying identity of above copies			
 Background of the Invention 		A	CCOMPANYING APPI	LICATION PARTS	
 Brief Summary of the Invention Brief Description of the Drawings (if file 	led)	8. A	Assignment Papers (cover	sheet & document(s))	
 Detailed Description 	· '	9. 3	7 C.F.R §3.73(b) Statemer	nt Power of Attorney	
Claim(s)Abstract of the Disclosure			when there is an assigned		
A DOUGOLO LITO DIOGIOGICO		10. E	English Translation Docum	nent (<i>if applicable</i>)	
3.	F, ,]	11.	nformation Disclosure	Copies of IDS	
Drawing(s) (35 U.S.C. 11.3)[Total sheets	·		Statement (IDS)/PTO-144		
4. Oath or Declaration [Total pages		12. F	Preliminary Amendment		
a. Newly executed (original or copy)		Return Receipt Postcard (-	
b. Copy from a prior application (37	CFR		Should be specifically iter	,	
§1.63(d)) (for continuation/divisional with Box 17	7 completed)			tement filed in prior application, cus still proper and desired	
[Note Box 5 below			PTO/SB/09-12)	us suii proper and desired	
i. <u>DELETION OF INVEN</u>	ITOR(S)	15. C	Certified Copy of Priority D	ocument(s)	
Signed statement attached deleti inventor(s) named in the prior ap					
see 37 C.F.R. §§1.63(d)(2) and 1					
5. Incorporation By Reference (useable if Box	x 4b is checked)	16. 🔀 C	Other: Priority Claim		
The entire disclosure of the prior application, from			This application	n claims priority of U.S.	
considered to be part of the disclosure of the ac	considered to be part of the disclosure of the accompanying provisional application number 60/229,077,				
application and is hereby incorporated by referen	nce therein.		filed August 30	, 2000.	
		FEES, A SMALL	<u>IS 1 & 14</u> : IN ORDER TO BE EN ENTITY STATEMENT IS REQUIF	RED (37 C.F.R. § 1.27), EXCEPT	
	<u> </u>	IF ONE FILED IN	A PRIOR APPLICATION IS REL	IED UPON (37 C.F.R. § 1.28).	
17. If a CONTINUING APPLICATION, check appropriate to the continuity of the continui	-				
Continuation Divisional Continuation-in-part (CIP) of prior application No:/					
Prior application information: Examiner Group/Art Unit:					
18.		ONDENCE A			
Customer Number or Bar Code Label (Insert Custo	omer No. or Attach	h bar code labe	or Corresp	oondence address below	
Name Gregg C. Benson					
Address Pfizer Inc.					
Address Patent Department, MS 4159, Eastern Point Road					
City Groton	State	CT	Zip Code	06340	
	lephone	1-(860)-44		1-(860)-441-5221	
1 11 101	NAME (Print/type) Todd M. Crissey Registration No. (Attorney/Agent) 37,807				
Signature Joseph MI			Date \ 27/204	'	

UTILITY TRANSMITTAL PTO SB 05, 9/99, (1/1)

PTO/SB/17(2/98) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	Complete if Known						
FEE TRANSMITTAL		Application Number To be assigned					
		Filing Date			Concurrently Herewith		
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2000.		First Named Inventor			David B. MacLean		
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner	r Name	9		To be assigned		
See 37 C.F.R. §§ 1 27 and 1.28.	Group/Ar	t Unit			To be assigned		
Total Amount of Payment (\$)890.00	Attorney		t No.		PC10616ATMC		
METHOD OF PAYMENT (check one)				FEE CAL	CULATION (continued)		
1. The commissioner is hereby authorized to charge	3. ADDITIO	NAL F	EES	TEE OAL	OCEATION (Continued)		
indicated fees and credit any over payments to:	Large En		Small	Entity			
Deposit Account 16-1445 Number	-	Fee (\$)	Fee Code	Fee (\$)	Fee Description	F	ee Paid
Deposit Account Name Pfizer Inc	105	130	205	65	Surcharge – late fee or oa	ath	
Charge Any Additional Charge the Issue Fee Set in	127	50	227		Surcharge-late provisiona cover sheet	ul filing fee or	
37 Fee Required Under 37 C.F.R. § 1.1.8 at the Mailing	139	130	139	130	Non-English specification	!	
C.F.R. §§ 1.1 6 and 1.17. of the Notice of Allowance.	147	2,520	147	2,520	For filing a request for ree	examination	
		920*	112	•			<u></u>
2. Payment Enclosed: Check Money Order Other	1	920 1,840*	113	1,840*	Requesting publication of Examiner action Requesting publication of Examiner action	·	
FEE CALCULATION	115	110	215		Extension for reply within t	first month	
BASIC FILING FEE	116	390	216	195	Extension for reply within a		
targe Entity Small Entity	117	890	217	445	Extension for reply within t	third month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,390	218	695	Extension for reply within t	fourth month	
101 710 201 355 Utility filing fee 710.00		1,890	228		Extension for reply within t	fifth month	
₌₁ 106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal		
1907 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of	an appeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing		
114 150 214 75 Provisional filing fee	138	1,510	138		Petition to institute a public proceeding	c use	
SUBTOTAL (1) (\$) 710.00	140	110	240	55	Petition to revive - unavoid	dable	
2 EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - uninten	ntional	
Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reissue	e)	
Total Claims 30 -20**= 10 X 18.00 = 180.00	143	440	243	220	Design issue fee		
Independent 3 - 3**= 0 X 80 00 = 0.00	144	600	244	300	Plant issue fee		
Multiple Dependent 270.00 = 0.00	122	130	122	130	Petitions to the Commission	oner	
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	123	50	123		Petitions related to provisi applications		
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	240	126		Submission of Information Statement	n Disclosure	
103 18 203 9 Claims in excess of 20	581	40	581		Recording each patent as property (times number of		
102 80 202 40 Independent claims in excess of 3	146	710	246		Filing a submission after final rejection (37 CFR 1.129(a))		
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		
109 80 209 40 **Reissue independent claims over original patent	Other Fee	(specify	/)		· · · · · · · · · · · · · · · · · · ·		
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other Fee (specify)						
SUBTOTAL (2) (\$) 180.00	*Reduced I	by Basi	c Filing F	ee Paid	SUBTOTAL (3)	(\$)	0.00
SUBMITTED BY Complete (if Applicable)							
Type or Printed Name Todd M. Crissey						37,807	
Signature Add 91.	Date	18	127/	2001	Deposit Account User ID	16-1445	